

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
03-13

2. STATE  
Nevada

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
July 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ None

b. FFY 2004 \$ None

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 12 to Attachment 2.6A, page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement 12 to Attachment 2.6A, page 3

10. SUBJECT OF AMENDMENT: Update to the Need Standard Deductible due to year 2003 Federal Poverty Level change.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael J. Willden

14. TITLE:

Director, DHR

15. DATE SUBMITTED:

16. RETURN TO:

John A. Liveratti, Chief

DHCFP/Medicaid

1100 East William Street, Suite 102

Carson City, Nevada 89701

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 24, 2003

18. DATE APPROVED:

December 9, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health

23. REMARKS:

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

- Disregard an additional \$1,000 in resources.
- For all individuals under this group eligible in the immediately preceding month and for applicants whose net income without application of 100%/50% disregards does not exceed the 100% need standard:
  1. Disregard all earned income for three months;
  2. Disregard 50% of gross earnings for the next nine months;
  3. Disregard \$90 or 20% of gross earnings (whichever is greater) for month 13 and ongoing; and
  4. Disregard the full cost of child care.

OR for applicants/recipients

The \$30 + 1/3 / \$30 earnings disregards as applicable and \$90 work expense, whichever is more advantageous to the applicant/recipient.

- 5 Disregard an additional \$139 for a family size of one, and an additional \$34 for each additional family member.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- No resource methodology is replaced.
- Replaced income methodology is:
  1. \$30 + 1/3 earned income disregard allowed for applicants/recipients who received a cash grant in one of the immediately preceding 4 months or whose net income without application of the disregards does not exceed the 100% need standard. \$30 + 1/3 allowed for 4 consecutive months followed by \$30 disregard for 8 consecutive months; and

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TN# 03-13  
Supersedes  
TN# 00-09

Approval Date DEC - 9 2003 Effective Date 07/01/03